IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jim F. Streetman DATE Sept 30, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TL 1443 TR 1444 (Beaten Path)
3rd lot on Rt. past Honeysuckle Lane S. R. No. _____

SUBDIVISION NAME CLOT CAKE NORMAN LOT NO. 1540 SECTION OR BLOCK NO. 9

House (✓) Mobile Home ( ) Business ( ) Other Repair

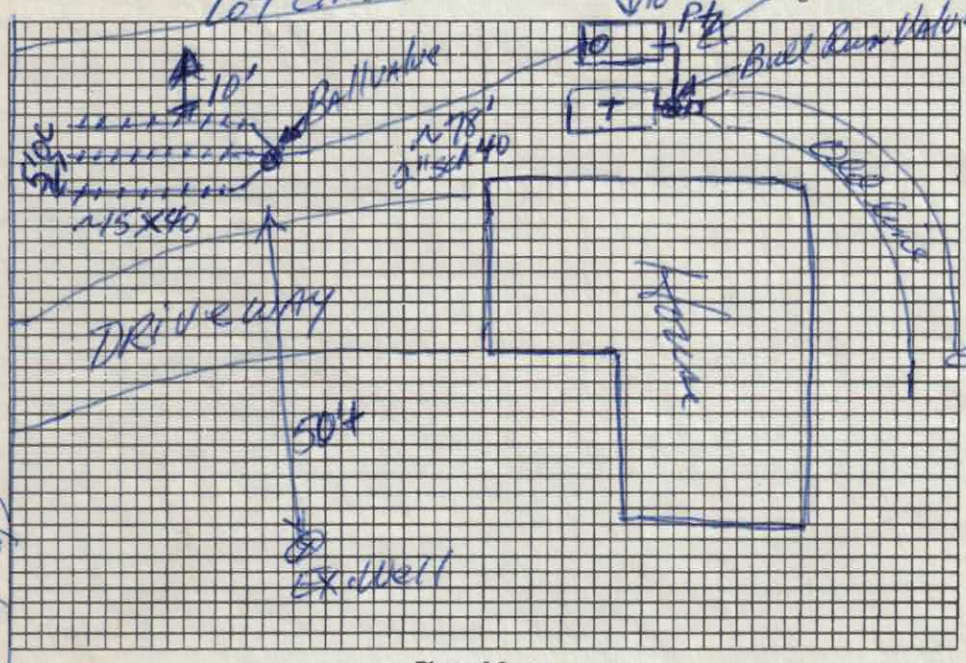
No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes (✓)	No ( )	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 2%
Depth to Water Table 54
Rock or other impervious formations none ltr.

Lot Area ½ Ac +

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

1250 gal pump tank
Size of Tank Existing Gals.
Nitrification Field:
No. of Lines ~15'x40' Bed
Sq. Ft. 600 + Linear Ft. 200'+
Depth of Stone in Lines 12" Sand + 12" Sto
Water Supply: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

Pump specs: 15 gal/min at ~ 12' TDH
* Provide adequate surface drainage around new & old drainfields

IMPROVEMENTS PERMIT BY Jamie R. Hinson, RS.

COMMENTS: Set Ball Valve between existing tank and drainfield. Divert flow to pump tank. Install bed as follows: 36" to trench bottom, grade level; from 2" sch 40 pump line install a ball valve at the head of the bed and split to 3 lines of 1½" sch 40 with ONE 3/16" hole every 5' pressure dose at 2' head. The three laterals in the bed are to be level w/respect to each other

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold